

Medicaid Eligibility for Persons with Disabilities

Division of Health Care Financing - Division of Disability & Elder Services
Medicaid Services to the Disabled - February 23, 2005



Medicaid Eligibility

- To qualify for Medicaid coverage, a person with a disability must have:
 - Low family income and resources (of individual and spouse) and
 - Severe medically-determinable impairment of long duration
- Except for the Medicaid Purchase Plan (MAPP), the financial eligibility criteria are the same for seniors, which are covered in the, “Medicaid Services for Seniors” presentation.



Medicaid Eligibility

In order for an adult to be considered disabled, he or she must be:

- A person who is unable to engage in substantial, gainful work activity
- Due to a physical or mental, medically determinable impairment
- Which has lasted, or is expected to last, 12 continuous months, or is expected to result in death.



Medicaid Eligibility

In order for a child to be considered disabled, he or she must be:

- Under age 18 and
- Have a physical or mental condition(s) that can be medically proven, which
- Results in marked and severe functional limitations and
- Will last at least 12 continuous months or end in death.
- The child cannot be working and earning over \$830 per month at the time of application.



Disability Review Process

- The disability status of an adult is reevaluated on a:
 - 1-year schedule when the disabling impairment is expected to improve
 - 3-year schedule when improvement is possible
 - 7-year schedule for permanently disabling impairments
- The disability status of a child is:
 - Reevaluated every 3 years and
 - Reviewed at age 18 using adult disability criteria



Disability Review Process

| | Initial Claims | | |
|------|----------------|----------|------------|
| FFY | Processed | Approved | % Approved |
| 2004 | 29,740 | 8,889 | 29.9% |
| 2003 | 25,752 | 7,830 | 30.4% |
| 2002 | 25,650 | 8,161 | 31.8% |
| 2001 | 20,267 | 6,984 | 34.5% |

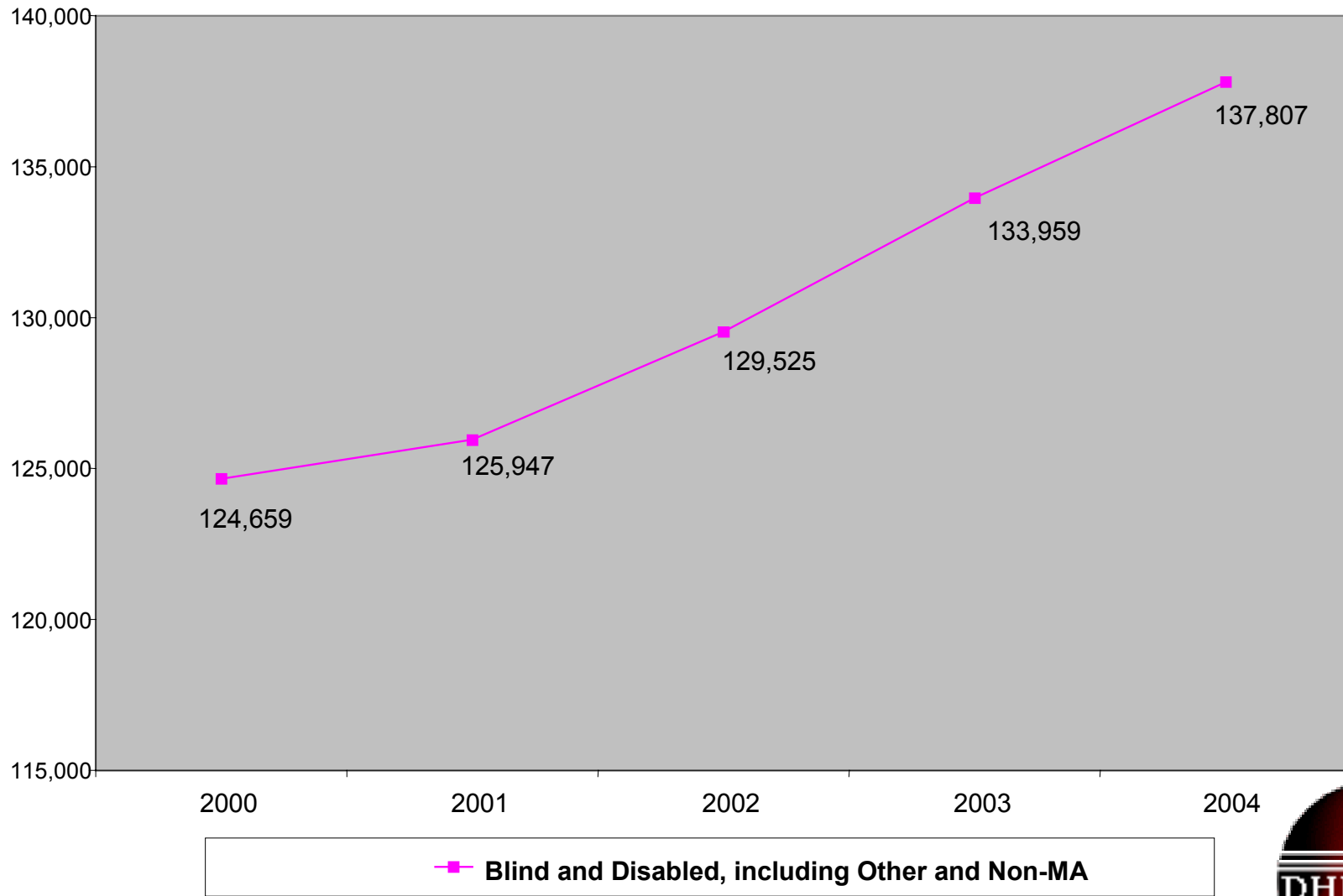
| | Continuing Disability Reviews | | |
|------|-------------------------------|----------|------------|
| FFY | Processed | Approved | % Approved |
| 2004 | 5,610 | 4,589 | 81.8% |
| 2003 | 5,618 | 4,556 | 81.1% |

| | Age 18 Redeterminations | | |
|------|-------------------------|----------|------------|
| FFY | Processed | Approved | % Approved |
| 2004 | 953 | 517 | 54.2% |
| 2003 | 1,001 | 557 | 55.6% |

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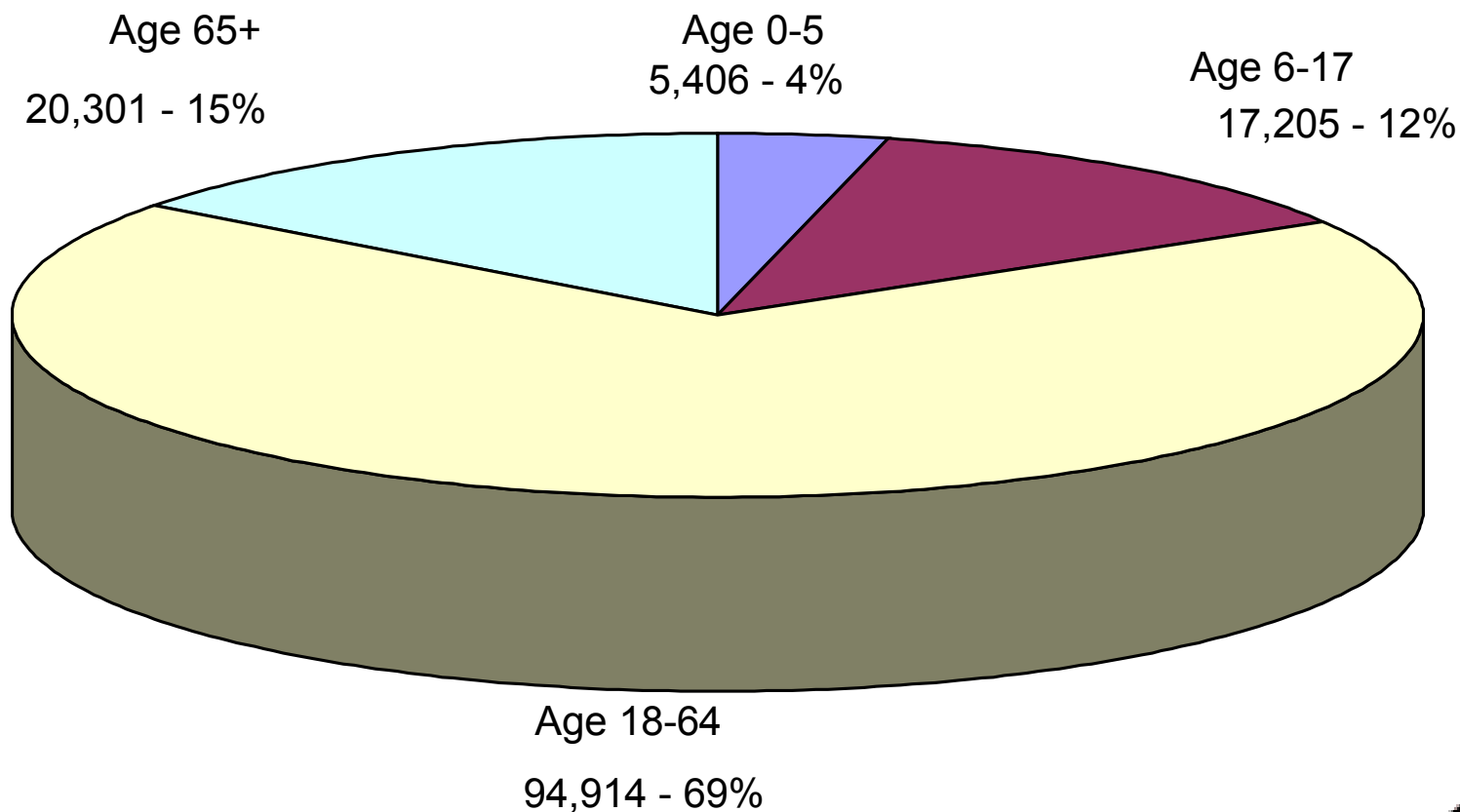
Average Monthly MA Eligibles with Disabilities - SFY 2000 - 2004



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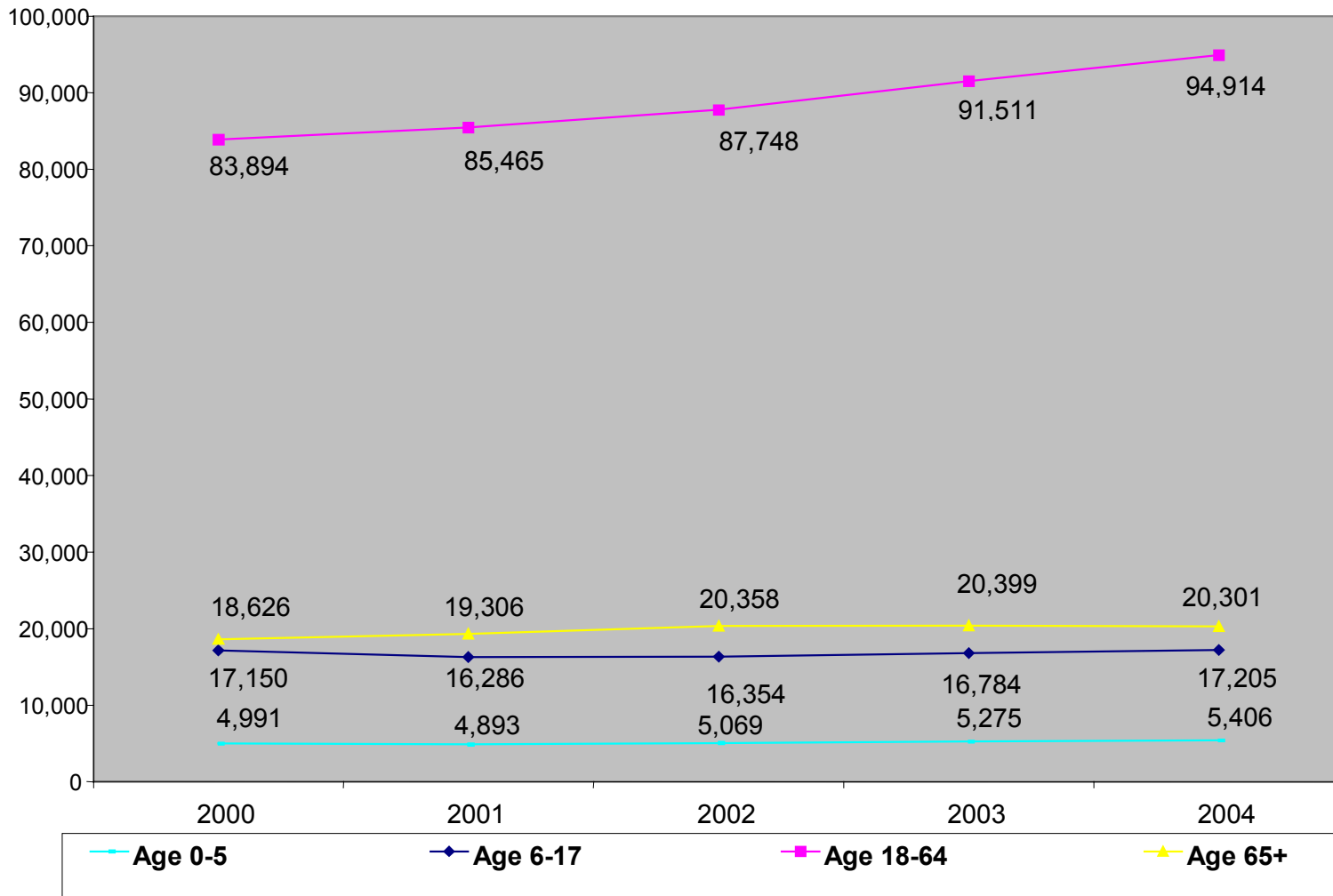
MA Eligibles with Disabilities by Age Group - SFY 2004



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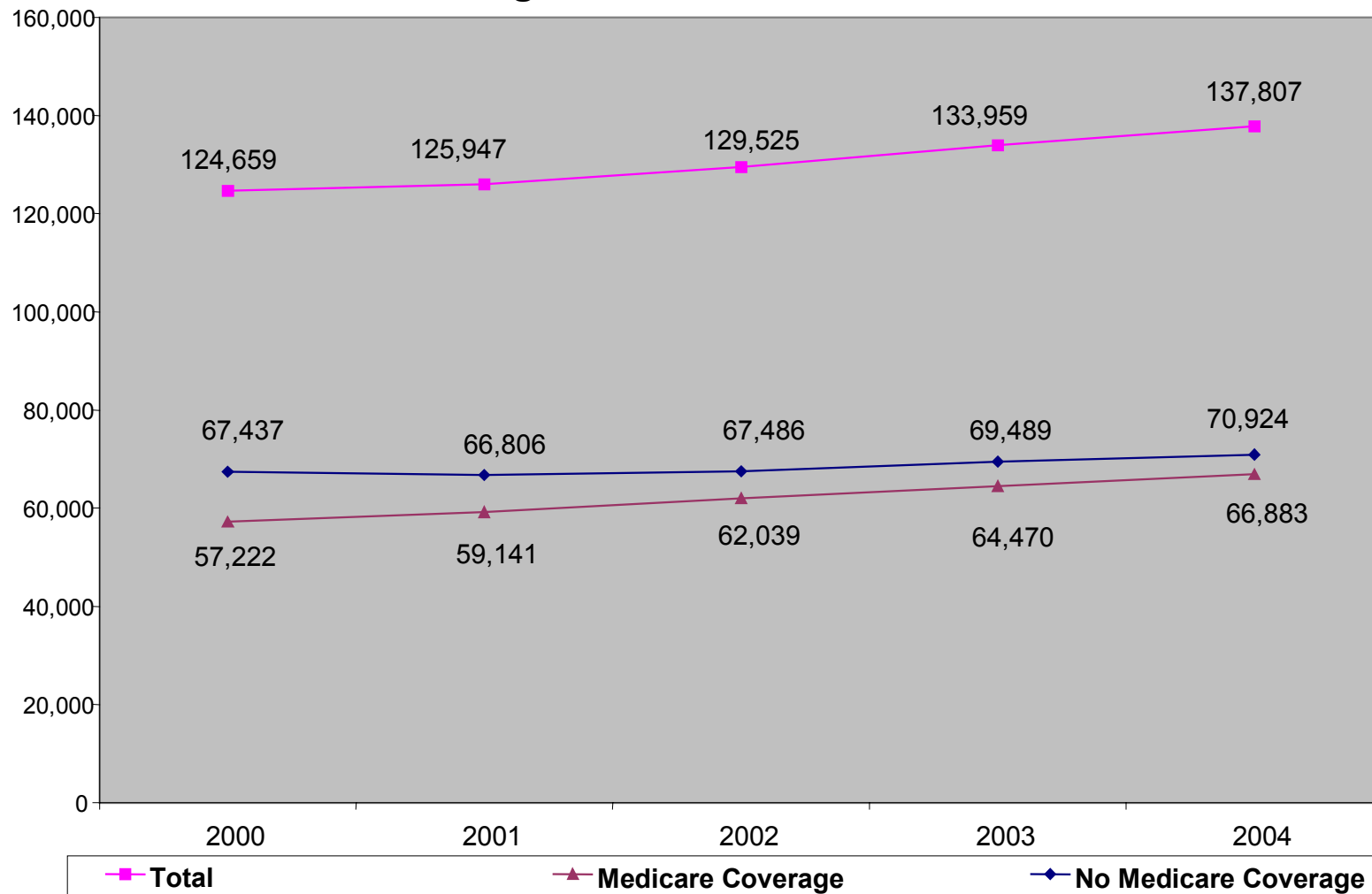
Age Group of Eligibles with Disabilities – SFY 2000 - 2004



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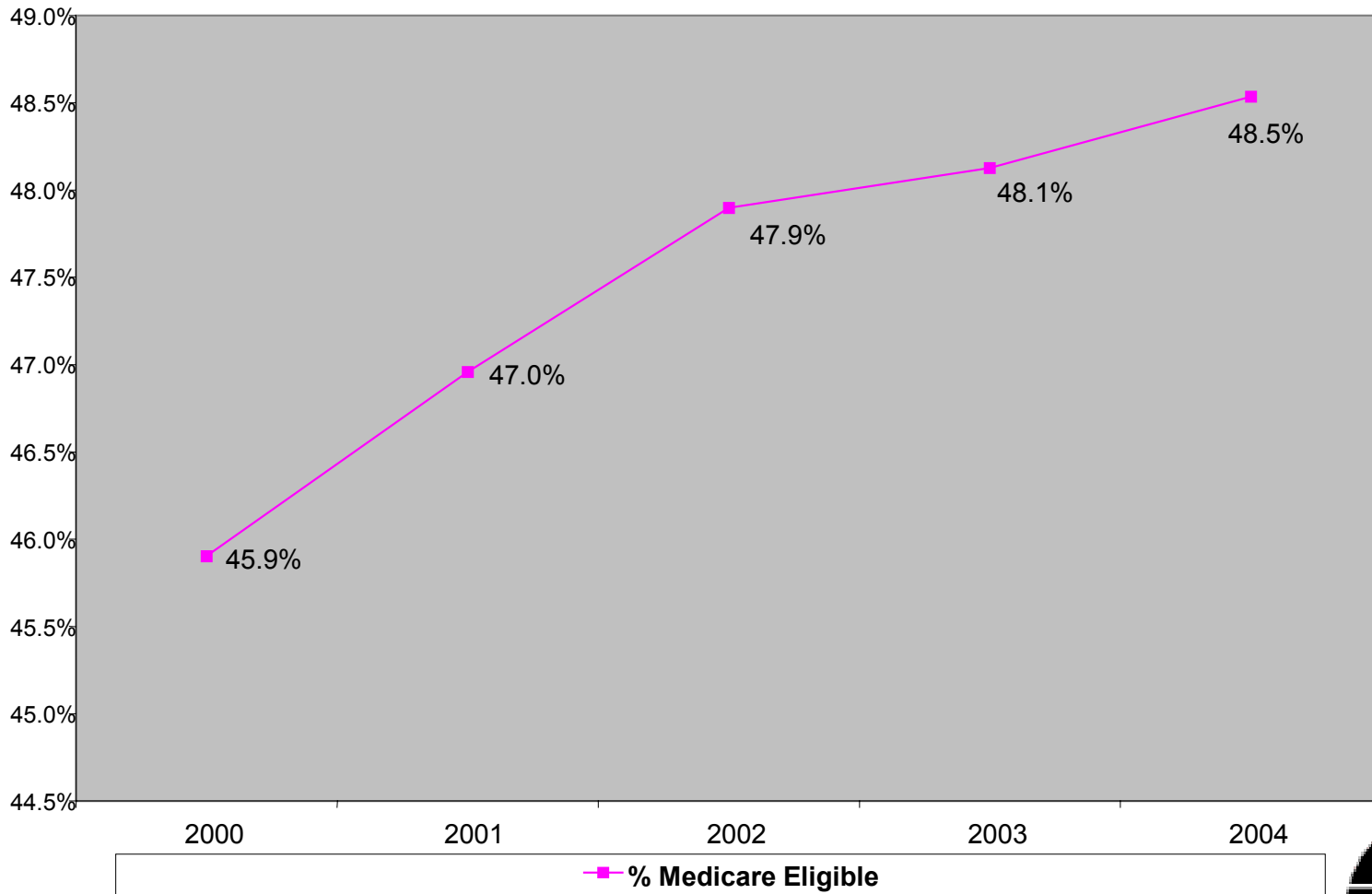
Medicare Status of Eligibles with Disabilities – SFY 2000 – 2004



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Percentage of Eligibles with Disabilities Who Are Also Eligible for Medicare - SFY 2000 - 2004



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Medicaid Purchase Plan (MAPP)

- MAPP was created in 1999 to extend Medicaid coverage to certain working disabled persons in order to remove financial disincentives to work.
- MAPP enrollees must:
 - Be employed or participating in DHFS-certified training program,
 - Have individual and spouse income under 250 % FPL and assets under \$15,000,
 - Qualify as disabled under SSI guidelines (disregarding the ability to work) and
 - At least 18 years old.

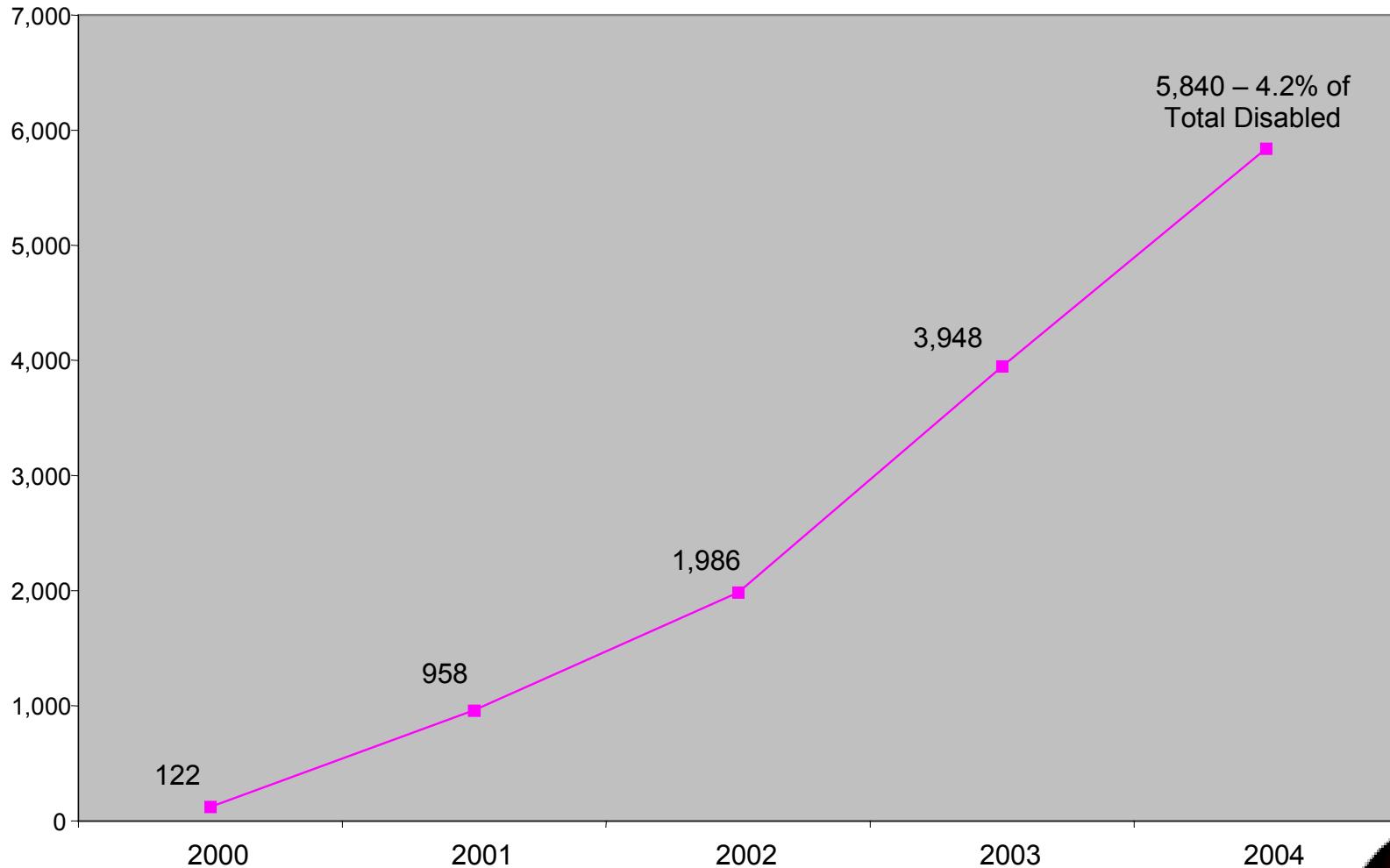


Medicaid Purchase Plan (MAPP)

- Individuals enrolled in MAPP pay a monthly premium if their individual incomes, before deductions or exclusions, exceeds 150% FPL. The premium is in two parts.
- Based on unearned income, equals 100% of the amount of unearned income exceeding:
 - The standard living allowance (\$682 per month in 2005),
 - Impairment-related work expenses and
 - Out-of-pocket medical and remedial expenses.
- Based on earned income, equals 3% of earned income, less deductions exceeding the amount of unearned income.



Medicaid Purchase Plan (MAPP) Eligibles - SFY 2000 - 2004



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Katie Beckett Provision

- In the past, when a person under 21 was living at home, the income and resources of the parents were considered available for the person's medical expenses.
- If a person under 21 was institutionalized for more than 1 month, the person was no longer considered a member of the parents' household and only his/her financial resources were considered available for medical expenses and the person was able to qualify for Medicaid.
- These restrictions created a situation where children would remain institutionalized even when their medical care could be provided at home.

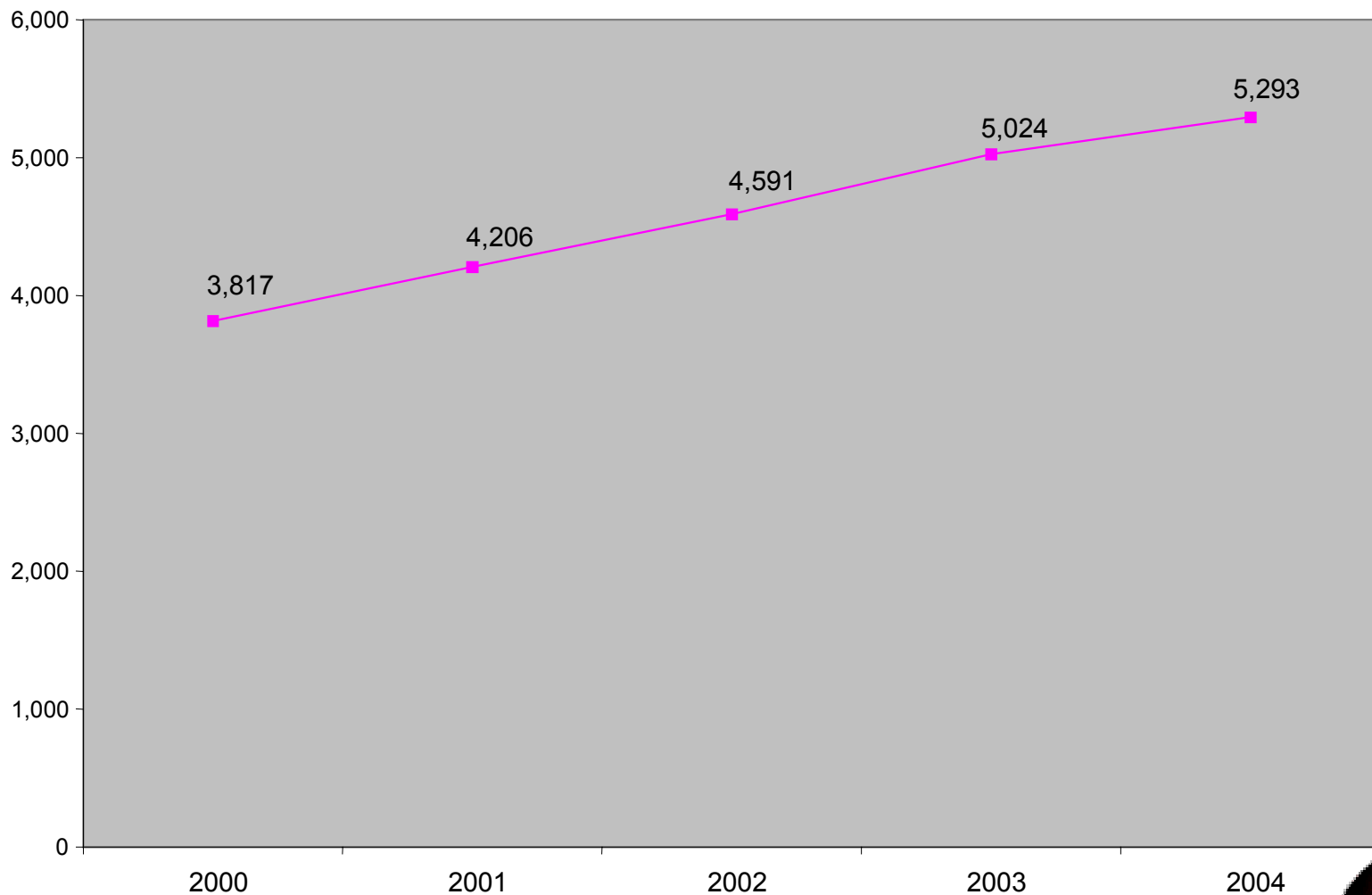


Katie Beckett Provision

- In 1982, federal law was modified to permit states to extend MA coverage to children with disabilities under the age of 18 who:
 - Would be eligible for Medicaid if they were in a hospital, skilled nursing facility (SNF) or intermediate care facility for the mentally retarded (ICF-MR),
 - Require the level of care typically provided in a hospital, SNF or ICF-MR,
 - Can appropriately receive care outside of a facility, and
 - Can receive care outside of an institution that costs no more than the estimated cost of institutional care.
- Wisconsin is one of 21 states that have adopted this optional coverage.



Katie Beckett Average Monthly Enrollment - SFY 2000 - 2004



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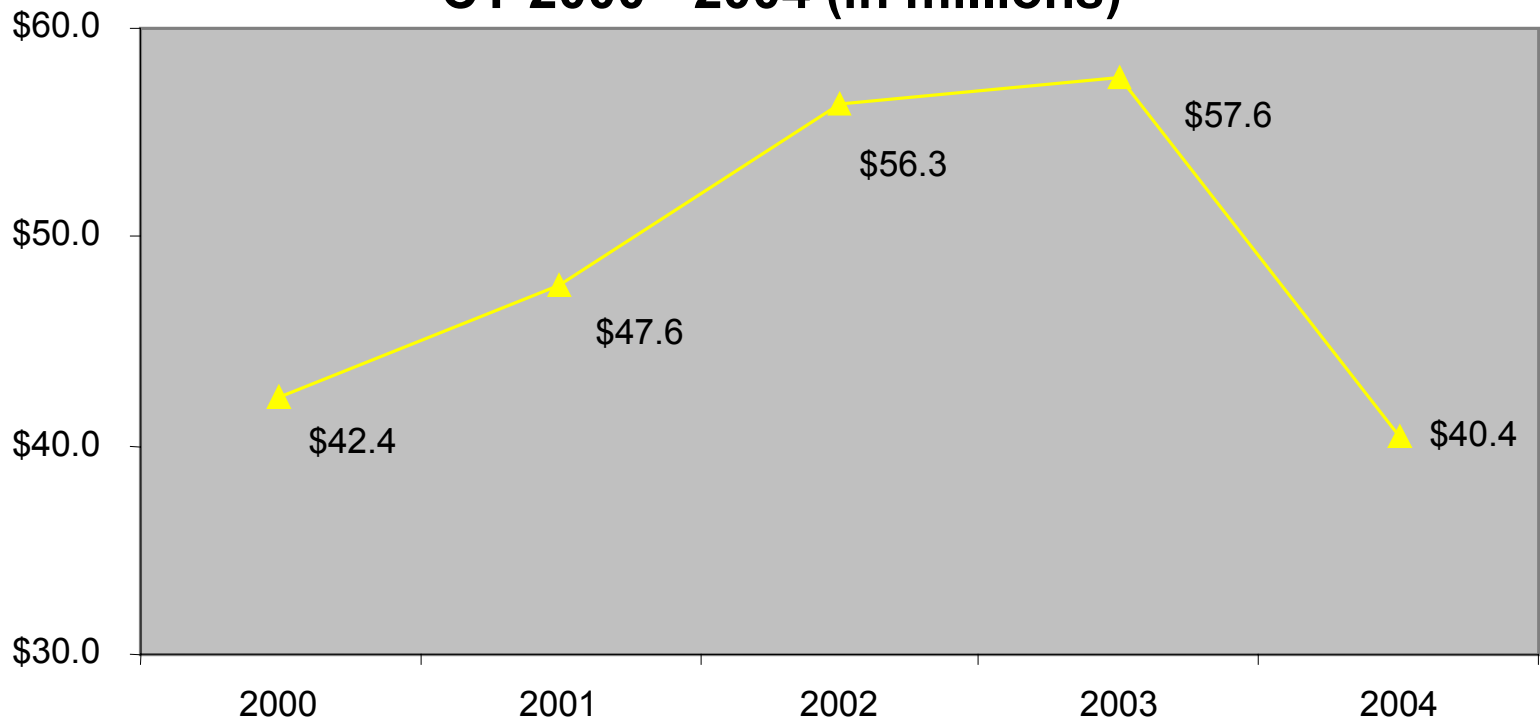


Katie Beckett Provision

| <u>Level Of Care</u> | <u>Percent of Eligibles</u> |
|-----------------------------------|-----------------------------|
| Hospital | 1.8% |
| Intensive Skilled Nursing | 10.5% |
| Skilled Nursing Facility | 6.0% |
| Intermediate Care Facility | 1.4% |
| Psychiatric Hospital | 9.9% |
| Developmental Disability (ICF-MR) | 70.46% |



Katie Beckett Non-Institutional FFS Expenditures CY 2000 - 2004 (in millions)



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